

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-027441

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 353

FILED JUL 31 1962

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN INDEPENDENCE

Length of stay in 1b
42 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION INDEP. SAN. & HOSP.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived? If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN INDEPENDENCE

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1100 CEDAR

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

ALVA

LESTER

GOLLADAY

4. DATE OF DEATH

Month JULY

Day 22,

Year 1962

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
10-4-1880

9. AGE (last birthday)
81

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED GUARD

10b. KIND OF BUSINESS OR INDUSTRY
GLEANERS COMPANY

11. BIRTHPLACE (City and state or country)
CLARETON, IOWA

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

BRONSON GOLLADAY

13b. MOTHER'S MAIDEN NAME

SARAH UNKNOWN

14. NAME OF HUSBAND OR WIFE

ADA M. GOLLADAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
[REDACTED]

17. INFORMANT

Address

Mrs. Ada M. Golladay, 1100 So. Cedar, Indep. Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Acute myocardial infarction
arterio-sclerotic heart disease*

INTERVAL BETWEEN ONSET AND DEATH

*sudden
5 years*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7/16/62 to 7/22/62 and last saw him alive on 7/28/62

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Fred W. Smith, M.D.

22b. ADDRESS

Independence, Mo

22c. DATE SIGNED

7-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE
7-24-62

23c. NAME OF CEMETERY OR CREMATORY
FOREST HILL CEMETERY

23d. LOCATION (City, town, or county)
KANSAS CITY, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

GEO. C. CARSON & SONS, INDEPENDENCE, MO.

25. DATE RECD. BY LOCAL REG.

7-24-62

26. REGISTRAR'S SIGNATURE

Alva L. Gray

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

17005

27005

3

4 0

5 1

6

7 1

8 0

94200

10

11

121-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lloyd C. Carson

Licensed Embalmer No. 74199

P. O. Address Shelby, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.